



DIGITAL COPIER SPECIFICATION SURVEY
ND STATE PROCUREMENT OFFICE
SFN 53162 (Rev. 06-2003)

Mail To:
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600 E Boulevard Ave Dept 012
Bismarck ND 58505-0310
(701) 328-2683
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This form is intended to assist agencies in developing copier specifications. For assistance in completing this form, contact the State Procurement Office.

1. Will the machine be:	<input type="checkbox"/> Lease/Rental	<input type="checkbox"/> Lease/Purchase	<input type="checkbox"/> Purchase
If the machine is being leased, how many months? Has a lease vs. purchase analysis been done? (State Procurement Manual, Chapter 9).	<input type="checkbox"/> 24 months	<input type="checkbox"/> 36 months	<input type="checkbox"/> _____
2. Will copier be networked?	<input type="checkbox"/> At this time	<input type="checkbox"/> In the future	
3. What network type will be used?			
4. What protocol will be used?			
5. Will the vendor connect to the network?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. State the copies per minute expected of the copier:			
7. Duplexing (two sided copying)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Indicate the input paper capacity (number of sheets):			
9. Automatic document feeder (standard is 50 sheets)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, state the sheet capacity required?
10. Finisher (offset jogs paper)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. Finisher/Stapler	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12. Bypass (50 sheets is standard)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13. Maximum original size	<input type="checkbox"/> 8.5 X 11	<input type="checkbox"/> 8.5 X 14	<input type="checkbox"/> 11 X 17
14. Output size	<input type="checkbox"/> 8.5 X 11	<input type="checkbox"/> 8.5 X 14	<input type="checkbox"/> 11 X 17
15. Base amount of copies used per month:			
16. Service agreement for all parts, drum replacement and all supplies except paper and staples	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17. Cabinet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18. Additional Requirements:			
Requisition Number:	Agency:	Department Number:	